

CONTRACT DEFICIENCY REPORT

N00244-01-D-0032
FISC, San Diego

CONTRACT NUMBER: _____ DELIVERY ORDER NO. _____

CONTRACTOR NAME: _____ PORT: _____

TO BE COMPLETED BY CONTRACTING OFFICER

DEFICIENCY

Date Deficiency Occurred:

Ship Name and Port:

Description of Deficiency:

TO BE COMPLETED BY CONTRACTOR

EXPLANATION

Reason/Cause (why performance was unacceptable):

How Will Performance Be Returned to Acceptable Levels:

How Will Recurrence of the Problem Be Prevented in the Future:

ADJUSTMENT/ACTION

(TO BE COMPLETED BY CONTRACTING OFFICER AFTER RECEIPT OF CONTRACTOR'S EXPLANATION)

The following adjustment will be made or action taken:

FULL PAYMENT:

(Briefly explain why full payment is warranted)

REDUCED PAYMENT:

(Briefly explain method used to calculate adjustment to payment - must be consistent with PER Table)

TERMINATION:

(Must be in accordance with termination provisions of the contract; be fully documented, including concurrence of Legal Counsel; and fully compliant with all applicable procurement regulations)

DISCREPANCY REPORTED BY

(To Be Completed By Contracting Officer)

Name:

Title/Position:

Activity/Organization:

Telephone Number/E-Mail Address:

Validated/Verified:

(Name, Date, Method, Disposition [forwarded to Contractor, closed, no further action required, etc.]

Contracting Officer's Signature:

Date:

ANNEX C
ATTACHMENT 4